in the semifluid contents of the stomach and bowels of very many of the drugs put up in tabloid form. Indeed, it is well known that many have been found by accident quite unchanged in the dejecta on the casual giving of an enema during their administration. For these reasons it is, I think, impossible that we shall ever submit to a revolution in the methods which have obtained for so many generations in the dispensing of medicines to our patients, whether effected personally or by prescription, as was recently and very forcibly averred to be imminent, in the columns of the JOURNAL. Tabloids dosed for adults only can be put with safety into the hands of adults for their own use only, and children remain an unlooked-for and yet a more important, because a more numerous, quantity in the projected change of administration; and if the difficulty be fairly met, the accompanying trouble is not compensated for by the advantages of such a form of medicament for children, whether calculated by the doctor or left to the arithmetical wisdom of the parent or guardian of the little patient. Of the great usefulness of tabloids and tabellæ in subcutaneous medication no one doubts. But that is no argument for the invasion by the said tabloid into the whole arena of the dispensary. As an instance of the extreme danger of some undissolved tabloids I may name iodide of potash. Careful instructions are, I know, given by most if not all firms regarding this drug, as to dissolving each tabloid in water; and all hypoderms are of necessity first dissolved. But there is a growing tendency I find to cultivate a rapid and easy mode of despatching tabloids by swallowing them like pills rather than a safer one of dissolving or pulverising them first. Of the insolubility of many, taken whole, I have had ample proof in my practice, and my desire in this paper is to advocate most strongly the solution of all which are soluble before administration, and the pulverising of all which are not; if so be, that is, that a course of tabloids instead of mixture has been determined upon. In this way only I feel convinced from experience will the results which are expected be secured. For instance, I had seven cases of a common disorder recently to treat. Six of these I treated in the ordinary way, and one, because he wished it, by the tabloid and tabella method. The six were cured in one-eighth part of the time, although larger doses were given by tabloid than by mixture. It will readily appear that if a form of tabloid of a more soluble nature, made not by great compression but by simple enclosure of the ingredients in some soluble capsule, could be administered, much that is objectionable might thus be removed, although other improvements might still be needed in other directions. I refer to the soluble gelatinous or glycerine jubube capsules named by some palatinoids and by others *cachets*, which latter are, I understand, so largely used on the Continent, and are superseding the compressed drugs very extensively in America. The objection of the insolubility of a tabloid, tabella, etc., being in these ways completely overcome, there remains the question of causticity of the contents, a matter of no slight importance. Manufacturers of all these specialties need only a general recommendation emanating from the Council of this department of our Association to place on their labels full directions for the prior solution in water of all those capsules containing either suspiciously or actually caustic drugs, or to dilute them so thoroughly with harmless vehicles that their causticity is rendered absolutely *nil*. And this difference in the capsules might be indicated and accentuated the more readily by a difference in the shape of the tabloid, palatinoid, *cachet*, etc., by making those which are to be first solved square or oblong, and labelled as desirable.

THE ETIOLOGY OF ACUTE PEMPHIGUS.¹

By GEORGE PERNET, M.R.C.S.ENG., L.R.C.P.LOND.

A FATAL case of acute pemphigus,² which came under my care recently, led me to look up the literature of the subject, with the view of throwing some light on a morbid condition, which has given rise to much controversy. The

¹ Read in the Section of Dermatology at the Annual Meeting of the British Medical Association held in London July-August, 1895.

² *British Journal of Dermatology*, April, 1895, p. 120.

facts of the case just alluded to were briefly as follows: A journeyman butcher, aged 31, injured his little finger in the course of his work. He paid no attention to the wound, and it remained as a small gathering for about three months. A large blister then appeared on the site of the injury. This was treated as a whitlow, and healed. Ten days after the blister formed, a bullous eruption appeared, which rapidly became general. The patient died sixteen days after the first appearance of the eruption. The case may be described as one of acute bullous eruption, accompanied by severe constitutional symptoms, occurring in a journeyman butcher, and evidently as the result of a wound.

I have been able to collect four very similar cases, all occurring in young journeyman butchers. In three the disease was fatal in from ten to twenty-eight days. In two cases, one of which recovered, there is a distinct history of a wound.

In 1856 Sir George Burrows³ published a lecture on a case of acute bullous eruption. A young butcher was admitted to St. Bartholomew's Hospital on April 8th, 1856. Five weeks before admission the patient, whilst chopping a sheep's head, cut his left thumb. The wound continued to discharge, but he remained well until April 5th, when the eruption commenced. The patient suffered severely, but recovered. He was convalescent a month after admission.

Burrows compares this case with another, which had come under his care in 1854. The patient was also a young butcher, with a precisely similar eruption. In this case, too, there was a history of a wound, inflicted whilst dressing sheep's heads. He was admitted to St. Bartholomew's in March, 1854, in a more advanced stage of the disease than the case just referred to, and died at the end of a fortnight.

Horand,⁴ of Lyons, had a case under observation in 1872. A journeyman tripe butcher, aged 17, first noticed some small bullæ on the sides of the fingers and toes on August 21st. He was admitted to the Antiquaille Hospital on August 22nd. During the night the eruption became general, and the patient died on August 30th.

Gibier⁵ refers to a case of a journeyman pork butcher, aged 17, under the care of Vidal at St. Louis. The eruption commenced on August 14th, 1881, four days before admission to hospital. The patient died on August 31st.

In the two last cases there is no mention of a previous wound. The occupation is one, however, in which wounds of the hands and fingers are frequent.

In a case referred to by Moissenet⁶, but of which no details are forthcoming, an alcoholic pork butcher is stated to have succumbed in twenty-four hours to acute pemphigus.

There is another case of acute pemphigus on record (1813), occurring in a weaver, who also slaughtered animals. The patient was seen by Henning⁷ eight days after the commencement of the eruption. Two days later the patient died.

Adding these seven cases together, including my own, no fewer than six terminated fatally, and in three there is a distinct history of preceding injury.

In a second series of cases (8), apart from butchers, but where the nature of the occupation brought the patient in contact with animals or with dead portions of animals: meat, hides, etc., the acute bullous eruption was fatal in 5 (4 females, 1 male). In 3 of the 8 cases there is a distinct history of injury to the hands, and in two others a whitlow of the finger was noticed on admission to hospital. In as few words as possible the data of these 8 cases are as follows:

CASE I.—A tanner, aged 50, under Dr. G. Newton Pitt⁸ at Guy's. Health good up to October, 1887, when the patient poisoned his left little finger; ill five weeks. Five weeks later he poisoned his left thumb; ill three weeks; then noticed small vesicles on arms, neck, and thighs. These disappeared. On December 27th, 1887, fresh vesicles appeared on the perineum, penis, and thighs. Admitted to Guy's Hospital on January 3rd, 1888. Died on January 10th. This case was very much like the one I had under observation, but was not so extensive.

³ *Medical Times and Gazette*, 1856, vol. i, p. 589.

⁴ *Ann. de Derm. et de Syph.*, vol. iv, 1ère série, p. 401, 1872.

⁵ *Ann. de Derm. et de Syph.*, 1882, p. 101.

⁶ Discussion of Horand's case, *Ann. de Derm. et de Syph.*, loc. cit.

⁷ *Journal d. prakt. Arzneykunde u. Wundarzneykunde*, 1813, vol. xxxvii, p. 89.

⁸ *Path. Trans.*, 1889, vol. xi, p. 393.

CASE II.—Published by E. Ballard.⁹ On August 16th a man, aged 21, whilst administering a physic-ball to a horse, was slightly bitten on the dorsum of the right hand, blood flowing from the wound. The same day he milked some cows suffering from a bullous eruption on the udders and teats. About a week after a bleb appeared at the bitten spot, and a few blebs of a similar kind appeared on the skin just around it. About a week later a large crop of bullæ appeared; this was followed by another crop. The forearms, hands, legs, knees, buttocks, face, neck, and scalp were affected. There were also blebs in the mouth and throat. The patient was very ill for a time, but gradually recovered. On October 8th he was practically convalescent.

CASE III.—Malherbe's¹⁰ case. A female servant, aged 46, admitted to St. Louis on February 12th, 1869. Eruption commenced February 13th; death February 19th.

CASE IV.—Under Bleibtren,¹¹ of Cologne. A female servant, aged 20. Eruption commenced on June 1st, 1893; admitted to hospital on June 8th; death on June 27th. On admission a subcutaneous whitlow was noticed round the nail of the right index finger, which Bleibtren suggests may have arisen from a suppurating bulla.

CASE V.—Under Southey¹² (1875). A general servant, aged 19, came to the hospital on October 28th for a sore on the side of the hand, which commenced as a blister. It had been cauterised. She first felt very ill on November 15th, the day the eruption commenced. The patient recovered.

CASE VI.—Reported by Spillmann.¹³ A fatal case in a housewife, aged 36. Eruption severe; ill from May 25th to June 5th.

CASE VII.—Under Dr. S. Coupland.¹⁴ A hard-worked woman, aged 45. On admission to the Middlesex Hospital it was noticed she had a whitlow at the base of the right thumb-nail. The patient recovered.

CASE VIII.—Under Dr. Penrose,¹⁵ at St. George's. A kitchen-maid, aged 22. Eruption first noticed on November 13th; she got rapidly worse on November 22nd, and died on November 29th. The patient had been treated previously as an out-patient for sore throat.

In the case of a married barmaid, aged 23, under the care of Dr. West,¹⁶ at St. Bartholomew's, the patient was bitten on the right thumb by a dog a month before admission. A week after the bite small spots like blisters appeared on the back of the right hand. This was followed by others on the arms, legs, and trunk. She was discharged a fortnight after admission.

The case of the man¹⁷ who attended horses and milked cows is specially interesting from the fact that the disease which followed a wound of the hand was contracted by inoculation from the teats of a cow. There appears to be a bullous, pemphigoid, or vesicular eruption on the teats and udders of cows which is distinct from true vaccine.¹⁸

Acute bullous eruptions are also described as occurring in cattle and horses. Seaman¹⁹ mentions a case of pemphigus in a bullock resembling pemphigus in man, in which the illness commenced on May 14th. The animal was seen on the same day by Seaman, and he noticed bullæ or bladders, from a small nut to a fowl's egg in size. The animal was very ill at the time. Excoriations and loss of hair disfiguring the animal followed.

Loiset²⁰ observed a "pemphigus enzootic" in cows near Lille during September and October, 1887. There were no febrile symptoms. A woman with an excoriation, it is stated, presented bullæ, similar to those seen on the cows, on the right hand, arms, and breast.

Gibier,²¹ with Bouley, observed two horses with acute pemphigus.

Bullous eruptions are also said to have been seen in dogs.²²

With regard to the bacteriology, a characteristic micro-organism has been described by Demme,²³ under the name of "diplococcus of acute pemphigus." In Bleibtren's case²⁴ Claessen found an organism very much like the one described by Demme. More recently, Dr. W. Bulloch,²⁵ from the case under my care, has found a diplococcus closely answering Demme's description, especially as regards culture experiments. On the other hand, Dähnhardt²⁶ reports that he has found the organism in a case of chronic pemphigus. It should be added that in Demme's case, a boy aged 13, the eruption could not be traced to cattle, although inquiry was made in the patient's native village.

The subject is admittedly a complex one, and in the foregoing remarks a portion of it only has been touched upon. Sufficient has been said, however, to allow of the following conclusions being arrived at:

1. There is a group of rare cases of acute bullous eruption, accompanied by severe constitutional symptoms, and generally terminating fatally, which affects butchers.
2. The disease follows a wound of the hand or fingers.
3. Is probably due to a micro-organism.
4. The same etiological factors are probably at work in another group of very similar cases, in which the patients by their occupation are brought into contact with animals or dead portions of animals, such as meat and hides.

All these points require further investigation. In future it would be well if the following data were carefully sought for in all cases coming under observation:

1. Occupation: (a) butchers; (b) cooks, tanners, milkers, etc.
2. History of a wound.
3. Presence or absence of a characteristic micro-organism, that is, Demme's diplococcus.
4. Contact with animals suffering from a bullous or vesicular eruption.

As far as the last two points are concerned, veterinary surgeons might render valuable assistance, especially by the bacteriological examination of bullous eruptions in animals.

Before concluding, I would draw attention to a point of practical importance: wounds of the fingers and whitlows in butchers and those handling meat, etc., should be thoroughly disinfected with powerful antiseptics, such as perchloride of mercury solutions.

THE TREATMENT OF TRICHOPHYTOSIS (RINGWORM), BASED ON THE PHYSIOLOGY OF THE TRICHOPHYTONS.

Dr. LESLIE ROBERTS (Liverpool) read a paper on this subject, in which he said that the conclusions he had arrived at were as follows: (1) There existed in the vegetable world a class of minute flowerless plants (fungi), capable of digesting and assimilating hair and other keratogenous tissues; (2) that the process might be called trichophytosis, of which there were divers varieties; (3) that this process might take place on the skin of the living host, or in the hair that had no connection with a living organism. (4) It followed that trichophytosis follicularis was a combination of a saprophytic destruction of an inert body, which led to pathological cell processes; (5) that once the fungus had entered into the interior of the follicle any further direct control over it was lost; (6) that our therapeutic influence over the fungus lay in our power of exciting proliferation of the soft cells of the follicle; (7) that in many cases it was desirable to carry the excitement beyond physiological bounds, so as to produce pus; (8) that epithelial pus formation was not followed by any sensible loss of tissue, but that connective tissue pus led invariably to ulceration; (9) that we should therefore endeavour to limit suppuration to the epithelium.

A CASE OF ADENOMA SEBACEUM, INTERMINGLED WITH FLACCID MOLLUSCA FIBROSA: TREATMENT BY EXCISION.

MR. WILLIAM ANDERSON (London) read a paper on this subject. He said that in the case of the man under his care, he had obtained very gratifying results. He considered that a great improvement could be gained in such cases by the judicious employment of the knife.

ALOPECIA AREATA.

DR. HENRY WALDO (Clifton) read a paper on this subject,

²³ Verh. des Cong. f. innere Med., Wiesbaden, 1886, p. 336.

²⁴ Berl. klin. Woch., 1893, p. 671.

²⁵ British Journal of Dermatology, May, 1895, p. 159.

²⁶ Deutsche med. Woch., 1887, vol. xiii, p. 711.

⁹ Med. Times and Gazette, 1871, vol. i, p. 5.

¹⁰ L'Union Médicale, 1869, p. 506.

¹¹ Berlin. klin. Wochenschr., 1893, p. 671.

¹² Clin. Soc. Trans. vol. viii, p. 179.

¹³ Ann. de Derm. et de Syph., 1881, p. 66.

¹⁴ Med. Times and Gazette, 1879, vol. ii, p. 99.

¹⁵ Lancet, 1894, vol. i, p. 265.

¹⁶ St. Barth. Hosp. Rep., 1886, vol. xxii, p. 227.

¹⁷ Ballard, loc. cit. ¹⁸ Ballard, loc. cit.

¹⁹ The Veterinarian, 1852, p. 262.

²⁰ Journ. de Méd. Vét., 1858, cited by Falke in Schmidt's Jahrbücher, 1880,

vol. cv, p. 342.

²¹ Recueil de Méd. Vét., 1882, vol. ii, série 6, p. 480.

²² Vide Gibier, loc. cit.

observing that the conclusions he had arrived at were that, clinically, the great majority of cases of patchy alopecia areata did not appear to him to be due to a fungus. The causes were often, he considered, overwork, too little sleep, bad hygienic conditions, and perhaps, in addition to these, malnutrition. He had obtained the best results by improving the patient's general condition, combined with moderate stimulation of the more or less anæsthetic surfaces.

A CASE OF DERMATITIS REPENS.

Dr. J. H. STOWERS (London) read a paper on this subject, in the course of which he said that the special features clearly pointed to the affection being a distinct disease, however much it resembled eczema in some of its characters. He insisted on the following points in his case: 1. The age and circumstances under which the disease commenced, that is, fourteen days after confinement. 2. Its persistent character and long duration, that is, forty-four years. 3. The involvement of both feet as well as both hands. 4. The disordered nervous system. 5. The presence of well-marked glossy skin. 6. The association with recurrent acute gout; and 7. The absence of traumatism and its probable idiopathic origin.

AN UNCOMMON PAPULO-PUSTULAR ERUPTION IN INFANTS.

Dr. COLCOTT FOX (London) read a paper on this subject. The conclusions he arrived at were that the affection was not of syphilitic origin. He looked upon the eruption as one not due directly to tuberculosis, but as one occurring in certain infants with poor nutrition who were prone to tuberculous infection. In such children it was very likely that an organism found a favourable soil in the follicles. He was inclined to attach the affection to one now pretty well known in London, that is, acne scrofulosorum.

A CASE OF LICHEN PLANUS VERRUCOSUS.

Mr. GILBERT SMITH (Birmingham) in this paper said that the cause in this case was probably nervous exhaustion in a nervous woman, through derangement of the generative system. The case was also interesting from the extent of the affection, but more so from the fact that the warty patches were derived from the conical papules seated at the hair follicles, and not from the flat papules. The process was the same as lichen planus.

TWO CASES OF CHEIRO-POMPHOLYX IN ASSOCIATION WITH ECZEMA.

Dr. EDWARD MACKAY (Brighton) read a paper on this subject. He considered the connection of cheiro-pompholyx and eczema was closer than was thought; and, further, that the pathology was not far different. He expressed the view that cheiro-pompholyx was a variety of eczema.

A CASE OF CHEIRO-POMPHOLYX.

Dr. H. BARENDT (Liverpool) read a paper on this subject. He said it must be admitted that cheiro-pompholyx was a neurosis, that is, a disturbance of the digital vasomotor nerves; but whether this view helped them much etiologically was open to doubt.

CORNS, TRUE AND SO-CALLED.

Dr. ALFRED EDDOWES presented a paper on this subject. He said he might instance numbers of patients whom he had found to be suffering from what they termed corns, for which they had sought the advice of a surgeon or the help of a chiropodist without obtaining permanent relief. Moreover, many of them possessing ample means had spared no trouble or expense to obtain suitable boots. He would content himself with a brief description of one typical case. About two years ago a lady came to him and told him she had tried everything she had heard of for the relief of excessively painful corns. He found she had the typical horny formation on the classical position for a corn, namely, the joint of the little toe, as well as elsewhere. But the trouble she complained of most was underneath the foot, where he found a callosity which did not correspond exactly to the head of any bone. It was smooth upon the surface and possessed much the appearance of callosities such as were met with upon the palms of the hands of carpenters and others accustomed to work with hard tools. It was not until he commenced to remove some of the horny substance that he

realised the pathological condition with which he had to deal. The centre, after being cut down a short distance, presented numerous minute dark points which, when cut still further, commenced one after another to bleed. There was no difficulty whatever in diagnosing the real nature of the malady. It was nothing more than a wart. Warts were by no means uncommon on the feet, and a considerable number of them occurred on the soles; others between the toes (forming a considerable portion of the so-called soft corns) and in rare instances he had found them at the edge of the hard horny layer covering the sole. Recently he met with a group of three warts in the latter position on the heel. So far he had not been fortunate enough to find any literature on the subject, and should be much obliged if any of those present would refer him to such. Even if attention had been drawn to this subject he thought it was well worth while emphasising it, as probably few of the lesser maladies incidental to daily life caused more suffering and inconvenience than corns—true or false. The lady whose case he had mentioned above had to do her shopping in a cab, though she could not well afford it. She assured him that it was painful for her to walk about her own home, and that this unhappy condition had existed for at least two years, notwithstanding constant efforts to obtain relief. The practical point was that, although a wart and a corn might assume a similar external appearance, yet, for successful treatment of the two conditions measures must be adopted which were as different as the pathological processes involved. It would be obvious to those who gave the subject a moment's consideration that, while a cornplaster or modifications of a boot might completely cure a corn, which was nothing more than an accumulation of an inverted horny cone that could easily be removed or allowed to fall off, leaving the true skin and epidermis normal, in the case of a wart no amount of modification of boots or application of cornplasters could be of the slightest use. Naturally, the more room warts had the better they would flourish, and therefore their treatment when occurring on the feet must be in accordance with the principles of treatment of similar growths elsewhere.

THE SKIN LESIONS OF SYRINGOMYELIA.

Dr. GALLOWAY (London) read a paper on this subject, in the course of which he said that the conclusions he had arrived at were that the great weight of clinical evidence tended to corroborate the experimental results obtained by Mott, Sherrington, Ferrier, and Turner—namely, that sensory impulses in all their modes were conducted by grey matter, and not by the antero-lateral or posterior ascending fibres, as once asserted. The possible conduction of educated touch, in opposition to ordinary contact sensation, by the white matter of the posterior columns was admitted. Further, in the numerous lesions of the skin that played so important a part in Morvan's type of the disease, he felt inclined to consider that local infective processes played by far the preponderating part in their production. He was also of opinion that it was needless to seek for recondite causes for the production of the pustulo-vesicular eruptions, when there were plenty of common staphylococci and streptococci at hand to do the work. Dr. Galloway also mentioned the possibility of an ascending toxic neuritis from the affected part or due to absorption of bacterial poisons. The scarcity of herpetic eruptions was evidence that the irregular pustulo-bullous eruptions met with were of local rather than of central origin.

TWO CASES OF UNUSUAL VERRUCA NECROGENICA.

Dr. A. J. HARRISON (Clifton) read a paper on this subject, in which he said that the conclusions he had arrived at were that, although the two cases differed etiologically from, yet clinically they seemed to be identical with, verruca necrogenica. Both cases were very rebellious to treatment. The affection he had described might be neither verruca necrogenica nor lupus, but a tuberculosis of the skin, and not very active, but no bacilli were found.

A CASE OF PITYRIASIS RUBRA PILARIS (DEVERGIE): CLINICAL FEATURES AND MINUTE ANATOMY.

Dr. J. LIDDELL (Harrogate) read a paper on this subject, in which he said that the conclusions he had arrived at were that the alterations in the epidermis, hair follicles, sweat glands,

and sebaceous glands were primary and not consequent upon any change in the corium. There was certainly a source of irritation which produced the changes he had described, but whether it came from within or without remained an open question. From the circumstance that the lesions were symmetrical, some would be inclined to look upon the condition as a trophoneurosis. On the other hand the irritation might be external. He had found a parasite in his sections of excised portions of skin, but what its relationship was to the disease was not yet determined. It might have a causal connection, or it might be simply associated with the disease, the morbid products affording it a favourable nidus for growth and development.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

ROYAL MARINE INFIRMARY, WALMER.

ISOLATED CASE OF DIPHTHERIA IN CONNECTION WITH FAULTY DRAINS: ANTITOXIN TREATMENT.

(By J. N. STONE, Fleet-Surgeon, R.N.)

[Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE ROYAL NAVY.]

W. D., aged 4 years 11 months, daughter of Private H., was brought to the infirmary July 14th. The tonsils, uvula, and soft palate were reddened and swollen, and characteristic yellowish-white patches were present on tonsils. Deglutition was difficult and painful. Pulse 140, temperature 102°, respirations 30. The child had been ill about forty-eight hours. The drains of the lodging house from which she came were found by the medical officer of health to be at fault. There were no other cases of diphtheria in the neighbourhood.

The child was admitted to the infirmary, and although there was little doubt as to the nature of the case, some membrane was forwarded to the Institute of Preventive Medicine, where the bacillus diphtheriæ was isolated. At 1 p.m. on the day of admission 10 cubic centimetres of antitoxin were injected between the scapulae. At 6 p.m., there being no fall in temperature or pulse, a further injection of 10 cubic centimetres was given. At 10 p.m. the temperature had fallen to 101°.

July 15th. Little sleep last night, offensive nasal discharge. Respiration 28, pulse 133, temperature 100.8°. Bowels open. To have Liebig's extract and port wine in teaspoonful doses. Throat to be brushed from time to time with weak bichloride of mercury solution. 10.45 p.m. Temperature again rising, 102.8°. Much prostration; cannot be roused from lethargic condition. Membrane has extended from tonsils and uvula to soft palate. Breathing laborious; pulse 140, feeble. Injected 10 c.cm. of antitoxin.

July 16th, 9 a.m. Slept well. Temperature reduced to 100.2°, respiration 24, pulse 136, stronger. Condition generally improved. Throat congestion less; portions of membrane come away, followed by slight bleeding. Trace of albumen in urine. To have 5 minims of tinct. ferri sesq. three times daily.

July 21st. Continues to improve daily. Eruption like urticaria on face and extremities. Temperature 98°.

July 23rd. Urticaria gone, throat nearly well. Discharged on the 29th quite well.

QUETTA CIVIL HOSPITAL.

VESICAL CALCULUS WEIGHING ONE POUND.

(By A. SCOTT REID, M.B., Surgeon-Lieutenant-Colonel I.M.S., Civil Surgeon, Quetta.)

SHAHDAD KHAN, a native of Shorân, on the Persian border, was brought by his friends on June 1st, 1895. He was a very old man, apparently between 80 and 90, reduced to "skin and bone," and hardly able to stand. He stated that he had suffered from urinary trouble for upwards of fifty years, and that for the last thirteen his life had been a burden to him. He

had spent his time and substance in consulting numerous *hakeems* and *fakirs*, and now applied for European aid as a last resource. The urine dribbled from him continuously night and day, and was found to be slightly acid, of specific gravity 1015, and to contain albumen to the extent of one-sixth. On introducing a sound the bladder was discovered to be occupied by a large and very hard stone. The case was a hopeless one as regarded ultimate recovery, but as the patient prayed for relief from his present agony at any cost I consented to operate. I had previously successfully removed some large calculi by litholapaxy, and as it was desirable to save the patient if possible the risk of a cutting operation, and not realising that I had in this instance such an enormous stone to deal with, I first tried what I could do by crushing. No difficulty was found in introducing the largest lithotrite in my possession—a No. 17 Weiss. With this I worked for an hour, removing a large quantity of *débris* through a corresponding evacuating catheter. I then found that it was impossible to proceed further by this means, as the unreduced portion of the stone was encapsuled by the bladder, and I could not get the blades of the instrument round it. I accordingly introduced a grooved staff and performed lateral lithotomy. It was like opening into a miniature quarry; the base of the bladder was occupied by a quantity of *débris*, and behind a solid wall of rock. Having now my left forefinger as a guide, I managed to insinuate the female blade with a little difficulty behind the mass, and, with two actions of the instrument, to reduce it to fragments capable of passing through the incision. The bladder was then cleared as far as possible and washed out with boric acid lotion; but its walls, which were enormously thickened, were found to be encrusted, and calcareous particles continued to come away for several days.

The fragments and *débris* at first weighed 22 ounces, but after being thoroughly freed from blood clots, mucus, etc., the weight was reduced to 1 pound. A quantity of fine sand was unavoidably lost, but I leave that to counterbalance any moisture retained in the matter weighed. The stone appeared to consist entirely of uric acid.

The patient rallied well from the operation, and expressed himself as greatly relieved. The bladder was washed out twice daily with boric acid solution. No inflammatory symptoms supervened, and only on two occasions did the temperature rise slightly above normal. On June 15th, or seven days after the operation, the old man, however, began to sink, and died on June 17th, while his relatives, contrary to my wish, were in the act of removing him from hospital.

I am aware that the suprapubic operation has again come into vogue, and some may consider that this was the one I ought to have selected. The stone, however, in its entire condition, could not have been removed through an incision, compatible with safety in this region, and, in my opinion, the perineal route offered superior advantages for subsequent drainage.

REPORTS OF SOCIETIES

PATHOLOGICAL SOCIETY OF LONDON.

ALBAN DORAN, F.R.C.S., Vice-President, in the Chair.

Tuesday, December 17th, 1895.

THE VARIETIES OF DIPHTHERIA BACILLI.

MR. E. K. PETERS read a communication on this subject. The observations were based on experiments which had been carried on for over a year with specimens of diphtheria bacilli. Four species of bacilli were described. The appearance of the twenty-four hours' growths are as follows: 1. Long Klebs-Loeffler's bacillus. A twenty-four hours' growth on blood serum, short bacilli, numerous segmented forms, 0.003 mm. in length, long clubbed bacilli and short clubs. The bacillus is pathogenic to guinea-pigs, and does not readily lose this property. 2. Short diphtheria bacillus (described in detail for the first time). This bacillus when compared under the same conditions as the long Klebs-Loeffler's bacillus differs from it in that at six hours it presents a large number of short-pointed conical forms 0.0015 mm. in length, with a